

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- <u>9754</u>	2 Fiscal Year Covered From: <u>01/01/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Timothy A. Palermo</u> P O Box, Bldg., Room No., if any <u>Suite -17-A</u> Street <u>2350 N. Forest RD.</u> City <u>Getzville</u> State <u>New York</u> ZIP Code + 4 <u>14068</u>	4 Name, file number, and address of labor organization. Name <u>Bricklayers - Lo3 - NY.</u> Labor Organization File Number <u>542241</u> P O Box, Building and Room Number, if any <u>Suite -17-A</u> Street <u>2350 N. Forest RD.</u> City <u>Getzville</u> State <u>New York</u> ZIP Code + 4 <u>14068</u>
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P O Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income. 7 b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>7/25/05</u> Date <u>716/636-6100</u> Telephone Number

Name of Person Filing <u>Anthony A. [Signature]</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any) Name _____ Trade Name, if any: _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with. <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10. If 9 b. or 9 c. is checked give trust or employer's name Name _____ Trade Name, if any: _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> 11 b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/> 12 a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> 12.b. Amount. <input style="width: 100px;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P O Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b. Amount of payment. <input style="width: 100px;" type="text"/>

Part B

Name of Reporting Employer BAC Local#3 NY Rochester Chapter	File Number E-
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
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9 a <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9 c Position in labor organization or with employer (if an independent labor consultant, so state) Field Rep
9 b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made Name Timothy Palermo P O Box, Building and Room Number, if any Ste. 17A Street 2350 North Forest Rd City Getzville State New York ZIP Code + 4 14068		9 d Name and address of firm or labor organization with whom employed or affiliated Organization BAC Local#3 Niagara Falls/Buffalo P O Box, Building and Room Number, if any Ste 17A Street 2350 North Forest Rd City Getzville State New York ZIP Code + 4 14068
10 a Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made		10 b The promise, agreement, or arrangement was <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached)
11 a Date of each payment or expenditure (mm/dd/yyyy)	11 b Amount of each payment or expenditure	11 c Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
06/01/2004	200 0	Reimbursed expenses for educational program
12 Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made Trustee participated in educational program and expenses were reimbursed pursuant to ERISA 408 (c) (2)		

Part A, Continued

Name of Reporting Employer BAC Local#3 NY Rochester Chapter

File Number E-

8 Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8 a through 8 f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

	YES	NO	If "Yes", number of Part Bs attached
8.a Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3
8 b Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 c Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 d Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 e Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 f Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved, or did you make any payment pursuant to such agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 3